



**Calendar Year 2006 Benefits Comparison – Retirees Medicare Eligible  
Hanford Employee Welfare Trust (HEWT)**

<b>BENEFITS</b>	 <b>GroupHealth OPTIONS, INC.</b> <b>“Options” Point-of-Service</b>	<b>UnitedHealthcare PPO Medical Plan For Retirees Medicare Eligible (Over Age 65)</b>
<b><u>Annual Out-of-Pocket Maximum</u></b>	In Network: \$2,000/\$6,000 Out-of-Network: \$6,000/\$18,000	\$750 per person, including Deductible
<b><u>Deductible – In Network Out-of-Network</u></b>	In Network Covered in full Out-of-Network \$100 Medicare Deductible	\$100 per person per year
<b><u>Co-insurance In Network Out-of-Network</u></b>	Covered in full	85% / 15% for most services
<b><u>Office Visit/Urgent Care</u></b>	In Network Covered in full Out-of-Network: Medicare coverage Only	85% / 15% for most services
<b><u>Preventive care</u></b>	In Network Covered in Full Out-of-Network Medicare Coverage Only	
<b><u>Lab &amp; X-Ray Services</u></b>	In Network Covered in full Out-of-Network Medicare Coverage Only	85% / 15% for most services
<b><u>Chiropractic Care</u></b>	In Network Covered in full Out-of-Network Medicare Coverage only	85% / 15% for most services
<b><u>Prescription Drugs</u></b>	In Network \$15 Generic/\$30 Brand 30-day Supply  <b><u>Mail Order</u></b> \$30 Generic/\$60 Brand 90-day Supply and (subject to formulary)  Out-of-Network \$20 Generic/\$35 Brand 30-day Supply	<b>(Provided by Express Scripts, Inc.)</b> <b><u>Retail:</u></b> (up to a 30-day Supply): Generic \$7 Co-pay Brand Name Preferred \$25 Co-pay Brand, Non-preferred \$40 Co-pay  <b><u>Mail Order</u></b> (up to 90-day supply) Generic \$14 Co-pay Brand Name Preferred \$50 Co-pay Brand, Non-preferred \$80 Co-pay


\*85% indicates amount covered by the insurance company according to the contract that is considered reasonable and customary; 15% indicates amount covered by claimant.

*Note: Benefits are covered only when Medicare criteria is met. This is a brief comparison only, not the contract. For more detailed information, please refer to the summary plan description of benefits and/or contract.*

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<b><u>Inpatient Hospital</u></b>	In Network      Covered in full Out-of-Network   Covered in full	85% / 15% \$100 per admission.
<b><u>Outpatient Hospital</u></b>	In Network      Covered in full Out-of-Network   Medicare Coverage only	85% / 15%
<b><u>Emergency Care</u></b>	In Network      Covered in full Out-of-Network: Medicare coverage only	85% / 15% \$75 Co-pay each visit
<b><u>Ambulance</u></b>	In Network      80/20% Co-ins Out-of-Network   80/20% Co-ins (not subject to deductible)	In- and Out-of-Network: Emergency: 80/20% Non-emergency: 60/40%
<b><u>Durable Medical Equipment &amp; Supplies</u></b>	In Network      Covered in full Out-of-Network   Medicare Coverage only	85% / 15%
<b><u>Rehabilitation Services</u></b>	In Network      Covered in full Out-of-Network   Covered in full Inpatient only	85% / 15%

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<b><u>Mental Health Services</u></b>	In Network      Covered in full Out-of-Network      Medicare Coverage only Inpatient      Covered in full	50%
<b><u>Chemical Dependency</u></b>	In Network      Covered in full Out-of-Network Outpatient      Medicare Coverage only Inpatient      Covered in full	50%
<b><u>Routine Eye Exam and Refractions</u></b>	In Network      Covered in full Out-of-Network:      Covered in full	Not covered.
<b><u>Optical Hardware</u></b>	Not covered.	Not covered.

**Note:**

*This document is intended only to provide a general comparison of the major provisions of the three medical plans offered in Calendar Year 2006 to retirees who retired on or before July 01, 1987, and their eligible dependents. It is not the Plan contract. It is provided as a tool to help retirees review their medical plan options. For details of the plans, consult the applicable Summary Plan Description or Certificate of Coverage, or contact Group Health Cooperative or UnitedHealthcare directly.*